

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DR. DWIGHT PFENNIG
POCONO MOUNTAIN SCHOOL DIST.
POCONO MOUNTAIN ROAD
SWIFTWATER, PA 18370

2. Article Number

(Transfer from service label) 7000 1670 0011 0520 6518

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

LAUREN JAHN

C. Date of Delivery

3-18-09

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0011 0520 6518

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

DR. DWIGHT PFENNIG

Street, Apt. No., or PO Box No.

POCONO MOUNTAIN SCHOOL DIST

City, State, ZIP+4

PS Form 3800, May 2000

See Reverse for Instructions